

Future shock

Pharmacists should radically change the way they operate to survive, suggests Dr Darrin Baines, director of medM



Community pharmacists are currently facing a battle that will threaten the profitability of their businesses.

Within three years, radical reforms will be introduced into community pharmacy which may undermine the financial viability of many independents and retail chains.

Although many members of the profession know a fight is just around the corner, few working pharmacists can yet see a clear way to save themselves from their impending fate.

However, help may be at hand. An economic theory suggests that if community pharmacists can return to their core business and do what, historically, they have done best, the future may not be so bad.

“What we do today is controlled by decisions made in the past”

Individual dispensers who can find their way through the labyrinth created by the profession's past may once again create a secure future for themselves and their businesses.

In recent years, many forward-thinking economists have argued that “history matters”.

In other words, “what we do today is – to some extent – controlled by decisions (either

consciously or accidentally) made in the past.”

For example, if you had not decided to train as a pharmacist, you would be doing something completely different today.

Therefore, the whole of your working life has been determined by a decision you made (or were forced to take by your parents or teachers) when you were applying for university courses at the age of 17.

You were not legally able to vote at 17 because of your immaturity, but at that age you chose a career path that has shaped the whole of your adult life.

As we are so constrained by our history, many leading economists now argue that we should look backward in order to understand fully the futures available to us.

In response to the view that history matters, an American economist, Paul David suggests the theory of “path dependency”.

In its basic form, the theory suggests that the economic situations we currently face may (either by chance or design) be the result of a “lock-in” of a set of economic arrangements established in the past.

For example, Mr David reports that the QWERTY keyboard – now used on most computers – was first introduced to slow typists down so they didn't jam the key bars on their mechanical typing machines.

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However, it is so popular today because – historically – the majority of touch typists have been QWERTY trained and do not know their way around better systems such as the rarely-used Dvorak Simplified Keyboard, which many experts say allows faster typing.

Computer users are now stuck with an inefficient keyboard layout because – in the past – a slower keyboard was chosen as the industry standard.

The theory of path dependency also applies to the historical development of community pharmacy.

The forerunner of the modern community pharmacist, the chemist and druggist, first emerged during the mid-1700s as a result of the commercialisation of Georgian society.

At the time, there were no general practitioners (as we know them today), no international drug industry, no clinical trials, no controls on advertising and no NHS.

However, there was a gap in the market for medicines. During the 1700s, most drugs were compounded by their suppliers and based upon personal, folk or common recipes, and many unscrupulous manufacturers adulterated their products with cheaper (possibly dangerous) ingredients for larger profits.

In response, chemists and druggists entered the market and sold themselves as quality dispensers whose medicines and medical advice could be trusted.

Therefore, the predecessors of modern community pharmacists were originally medical practitioners who earned private incomes helping consumers choose safe, effective and reliable medicines they could trust.

The first chemists and druggists were seen as members of the medical profession, because they diagnosed patients, treated illnesses and provided medical interventions.

However, as the direct consequence of the development of an unexpected path dependency during the mid-1800s, modern pharmacists have now lost touch with their original role.

According to Sidney Holloway, the author of the official history of the Royal Pharmaceutical Society, the Pharmacy Act of 1852 began an unforeseen process that split pharmacists from the rest of the medical profession.

Firstly, the 1852 Act defined registered “pharmaceutical chemists” as practitioners not having been examined in medicine, surgery or midwifery.

Next, the 1858 Medical Act created a legal boundary between physicians, surgeons and apothecaries on one side, and chemists and druggists on the other.

Finally, the National Insurance Scheme – and later the NHS – institutionalised the artificial split between doctors and pharmacists working in the community, by creating separate regulations, organisational arrangements and funding streams for the two groups.

Consequently, as a result of unexpected legislation and later public policy choices, chemists and druggists were – artificially – split from the medical profession, with the result that modern pharmacists have unnecessarily become boxed into their current professional roles.

According to Mr Holloway, the artificial division of doctors and pharmacists first created during the mid-1800s “does not represent a natural process of

“The artificial split between community pharmacists and general practitioners could be remedied...”

specialisation of function”.

He claims that “there is nothing inevitable about the present division between the practice of medicine and that of pharmacy”.

Logically, Mr Holloway’s argument implies that if individual pharmacists could find the right path they could successfully return to their professional roots.

Similarly, Paul David observes that “remediability” (that is, the ability to return to a known, feasible and preferable alternative to a locked-in situation) exists in all path-dependent situations.

However, Mr David also argues that switches to more efficient arrangements are rare because of the prohibitive cost of change.

His work, therefore, suggests that the artificial split between community pharmacists and general practitioners could be remedied if we could find a way to minimise the cost of change.

If individual members of the profession wish to find their own way through the labyrinth of path-dependency, they should:

- acknowledge that their true, original role is that of “medicine practitioners” earning most of their income from private sales and helping patients choose safe, effective and reliable drugs
- quickly diminish their reliance on NHS dispensing monies, and concentrate instead on earning fees from private patients who pay directly for advice
- immediately reorganise their premises so they are not stuck

behind a counter overseeing the dispensing process but are openly available to visiting clients

- become recognised NHS prescribers who can diagnosis and treat patients based upon locally agreed protocols and standards as soon as possible
- specialise in advising the general public about

complementary medicines and the safety of drugs not subject to clinical trials, while transforming their premises into therapy centres, not NHS dispensaries.

These steps suggest that pharmacists should not try to guarantee their survival by fighting to protect their status as the main dispensers of NHS drugs.

Instead, individuals should look backward and, once again, assert their right to act as trusted, competent professionals.

As consumers are increasingly swallowing the remedies of the past to cure modern ills, it might be wise for pharmacists to follow suit by returning to their roots.

As it could be decades before the profession as a whole fully re-trains, the immediate future for individual pharmacists could lie with greater involvement in supplying high-quality, unbiased advice directly to private patients and establishing themselves outside the NHS.

Survival rarely depends on the battles we win, but our future successes often rely on our ability to find a safe way home.

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